



## The Office of Secretary of State

*Brian P. Kemp*  
SECRETARY OF STATE

*Wesley Taylor*  
DIRECTOR OF ELECTIONS

**Please complete the information below to schedule the mailing of your  
High School "Georgia Votes" Registration Kit**

School Name: \_\_\_\_\_ County: \_\_\_\_\_  
Principal Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I would like to designate the following as the Deputy Registrar for the purpose of receiving voter registration applications.

Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of students in 12<sup>th</sup> grade: \_\_\_\_\_

Anticipated date of 1<sup>st</sup> registration drive: \_\_\_\_\_

Please return via fax or email to:

Kristen Riley  
[kriley@sos.ga.gov](mailto:kriley@sos.ga.gov)  
678-717-6053 fax